

Case Number:	CM15-0237254		
Date Assigned:	12/14/2015	Date of Injury:	12/17/2011
Decision Date:	01/22/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male who sustained an industrial injury December 17, 2011. Past history included status post right knee arthroscopic surgery July 2013 and status post left knee arthroscopic surgery May 2013. Diagnoses are ongoing lumbar strain with radiculopathy; shoulder tendonitis; arthritis both knees; depression; status post right carpal tunnel release, symptomatic on the left. According to a primary treating physician's progress report dated November 17, 2015, the injured worker presented with mild to moderate pain in the right hand. He underwent a right carpal tunnel release November 6, 2015. He also reported other complaints as before including; back pain, shoulder pain, depression, sleeping difficulties, tendonitis, and knee pain. Objective findings included; sutures from the right arm were removed and the wound is healing nicely without infection; neurovascularly intact; ambulates with a cane, limping and wears a brace on lower extremities. At issue, is the request for authorization for 18 physical therapy visits for the right wrist. According to utilization review dated November 25, 2015, the request for 18 Physical Therapy Visits for the right wrist is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

18 Physical Therapy Visits for the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: The patient was injured on 12/17/11 and presents with mild to moderate pain of the hand as well as pain in the back and shoulder. The request is for 18 physical therapy visits for the right wrist. There is no RFA provided and the patient's current work status is not provided. The patient underwent a right carpal tunnel release 11/06/15. MTUS, post-surgical guidelines page 15, recommends 3-8 visits over a period of 3-5 weeks for patients undergoing a carpal tunnel release. The post-surgical time frame is 3 months. The patient is diagnosed with lumbar strain with radiculopathy, shoulder tendonitis, arthritis both knees, depression, and status post right carpal tunnel release (symptomatic on the left). The patient underwent a right carpal tunnel release 11/06/15 and there is no documentation of any post-operative physical therapy to date. In this case, the requested 18 sessions of therapy exceeds what is allowed by MTUS guidelines for post carpal tunnel release. Therefore, the request is not medically necessary.